SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County** Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

Authorized Agent: _

Address to send permit_

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN JUL 15 2019

Permit #:	19-0069
Date:	8-13-19
Amount Paid:	\$129 7-15-19
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made pa					ED TO AP	ayfield Co. Z	onin.	g Dept.			FILL OU	TININK (NO PENC	CIL)	
TYPE OF PERMIT	REQUES	TED-	▶ □ LAN	D USE	SANITAR	RY PRIVY	′ 🛛	CONDIT	IONAL	USE	□ SPECIAL		B.O.A.		Buildi THER Permit
			1 Vesp Hazel		Mail 52	ing Address: .09 Bear	d A	210.010	City/S	tate/Zi	The Design Property and		T	elephone	
Address of Property	/ :					/State/Zip:				•		3 883 1730 10	c		612 -
3625						Barnes			54	813	3				-7052
Contractor: Ju	stin	Ch	ristenso	M		Contractor Phone: Plumber: 715 - 580 -0367							P	lumber Pl	hone:
Authorized Agent:	(Person Sig	gning Ap	pplication on behal	f of Owner(s))	Agei	Agent Phone: Agent Maili				Tailing Address (include City/State/Zip):				Attached	
PROJECT LOCATION	Lega	Descr	ription: (Use T	tion: (Use Tax Statement) Tax ID# 1988								Recorded			No ving Ownership)
1/4,		1/4	Gov't Lot	. Lot(s)	CSM	Vol & Page	CSIN	/I Doc#	Lot(s)	No.	Block(s) No.	Subdivision	on:		
Section 16	, Tov	vnship		ange 9	_ w	Town of:	Bar	nes				Lot Size		Acreage 2.2	2 acres
			rty/Land withi			eam (incl. Intermi		Distance	e Struct	ture is	from Shorelin		s Proper		Are Wetlands
✓ Shoreland —				•	Lake, Po	nd or Flowage yescontinue		Distance			from Shorelin	FIC	odplain Ve:	s	Present? Ves No
☐ Non-Shoreland															
Value at Time of Completion * include donated time & • material		Pro	ject	# of Sto	ories	Foundati	on	# of bedroo	oms		Sewer/S	at Type o anitary S he prope	ystem		Type of Water on property
material	□ Ne										☐ City				
5-11-2 000	X Ad	dition										_ XWell			
\$43,000	☐ Cor			✓ 2-Story	i.			□ 3			nitary (Exists				
	2 7 200		(existing bldg)			Use		□ Nor			ivy (Pit) or rtable (w/serv			00 gallon)
	Pro	perty				X Year Ro	und				mpost Toilet				
				ě.						□ Nc	ne				
Existing Structur			eing applied fo	r is relevant t	o it)	Length:				Width	:		Heigh	ht:	
Proposed Constr	ruction:					Length:	20) fee	t	Width	: 10	feet	Heigl	ht: [7 ft
Proposed Us	se	1				Proposed St	ructu	re				Dime	nsions		Square Footage
						cture on prop	erty)					(Х)	
			Residence	e (i.e. cabin,	hunting	shack, etc.)						•	X)	
■ Residential	Use			with Loft with a Po	rch							•	X X)	
				with (2 nd								· -	X X)	
				with a De	ck			3				(X.)	
				with (2 nd)	Deck			1.57				(χ .)	
Commercia	l Use			with Atta	ched Ga	ırage						(X)	
			Bunkhous	se w/ (□ san	tary, <u>or</u>	☐ sleeping qua	rters,	or 🗆 cool	king & f	ood pr	ep facilities)	(X)	
			Mobile H	ome (manufa	ctured d	ate)							X)	
☐ Municipal \	Jse	X	Addition/	Alteration	(specify)	Please	Se	e de	SCTI	phio	W		x 20)	200
	,,,,			y Building y Building A		Alteration (sp	ecify))			-	•	X)	
												-			
												•	Х)	
					ain)							(X)	
			Other: (ex										Х)	
I (we) declare that this a (are) responsible for the result of Bayfield Coun property at any reason Owner(s):	e detail and ity relying o able time fo	n this infor the pu	g any accompanying of all information formation I (we) am rpose of inspection.	g information) has I (we) am (are) pro (are) providing in	been exami viding and t or with this	hat it will be relied u application. I (we) c	o the be	est of my (our) Bayfield Count to county offic) knowled ity in dete cials charg	ge and be rmining v ed with a	elief it is true, correc whether to issue a p dministering count	et and complet ermit. I (we) fu ordinances to	urther acce have acce	pt liability w ss to the ab	hich may be a
(If there are Mul	ribie Owi	iers list	ted on the Deed	All Owners mi	ist sign <u>or</u>	ietter(s) of auth	orizati	gn must acc	compan	y this a	pplication)				

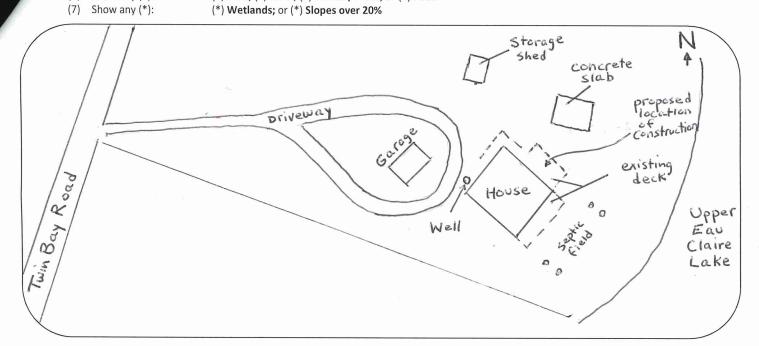
Copy of Tax Statement

Date

<u>Attach</u>

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

ow: Draw or Sketch your Property (regardless of what you are applying for) Fill Out in Ink – NO PENCIL Show Location of: **Proposed Construction** (2) Show / Indicate: North (N) on Plot Plan (3) Show Location of (*): (*) **Driveway** and (*) **Frontage Road** (Name Frontage Road) (4)Show: All Existing Structures on your Property (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (6)



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

from proposed Structure

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurem	ent	Description	Measuren	nent
)	
Setback from the Centerline of Platted Road	> 600	Feet	Setback from the Lake (ordinary high-water mark)	1 85	Feet
Setback from the Established Right-of-Way		Feet	Setback from the River, Stream, Creek		Feet
	:		Setback from the Bank or Bluff		Feet
Setback from the North Lot Line	25	Feet		10	•
Setback from the South Lot Line	67	Feet	Setback from Wetland		Feet
Setback from the West Lot Line	7600	Feet	20% Slope Area on the property	☐ Yes 🍹	 No
Setback from the East Lot Line	85	Feet	Elevation of Floodplain		Feet
Setback to Septic Tank or Holding Tank		Feet	Setback to Well	>30	Feet
Setback to Drain Field	15	Feet		, , ,	
Setback to Privy (Portable, Composting)		Feet		-	

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number: 46	7343	# of bedrooms:	Sanitary Date: 8	1/22/05
Permit Denied (Date):	Reason for Denial:		THE THEE		
Permit#: 19-0869	Permit Date: 7 -1	3-19			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Recondance Yes (Fused/Contigue Yes Yes	ous Lot(s)) 🗹 No	Mitigation Required Mitigation Attached	☐ Yes ✓ No ☐ Yes ✓ No	Affidavit Required Affidavit Attached	☐ Yes ☐ No ☐ Yes ☐ No
Granted by Variance (B.O.A.) ☐ Yes No Case #:		Previously Granted b	y Variance (B.O.A.) Cas	e #:	
		Were Property Line	es Represented by Owner Was Property Surveyed		
Inspection Record:				Zoning District Lakes Classification	(RR-B)
Date of Inspection: 7/20/19	Inspected by:	Mode		Date of Re-Inspe	ction:
Condition(s): Town, Committee or Board Conditions Atta	ched? ☐ Yes ☐ No — (If	No they need to be atta	ached.)		
	Condition: A UDC pontracted UDC inspections of the required. Must meet an	start of construction	be	Date of Appl	roval: 8/W/9
Hold For Sanitary: Hold For TBA:	Hold For Aff	idavit: 🗆	Hola For Fees: 🗌	□	

City, Village, State or Federal
May Also Be Required

USE - X

SANITARY - Flows & Loads

SIGN
SPECIAL
CONDITIONAL
BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	19-0	269			Issued	d To: M i	Michael Vespasiano & Dana Hazel									
Location:	-	1/4	of	-	1/4	Section	16	Township	44	N.	Range	9	W.	Town of	Barnes	
Par in																
Gov't Lot	2 & 3	3	L	.ot		Blo	ck	Sul	odivisio	n	_			CSM#		

For: Residential Addition / Alteration: [2 - Story; Covert Deck into 4 Season Room with Basement (10' x 20') = 200 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction If required. Must meet and maintain setbacks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

August 13, 2019

Date

APPLICATION FOR RECREATIONAL VEHICLE

Bayfield County Planning and Zoning Department P.O. Box 58 117 East Sixth Street Washburn, WI 54891 Phone – (715) 373-6138



Office Use:

Zoning District/Lakes Class

Application No. 19-0274

Date 3-14-19

Fee Paid 375 4-23-19

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
Changes in plans must be approved by the Zoning Department

Property Owner Wanda Lombanda Mailing Address 130 South 87h ST Barron Wi 548/2 Telephone 7/5-808-/523 Accurate Legal Description involved in this request:	Property Address 54710 Dana RD of RV placement. Barnes, Wi 54873 Agent: Written Authorization Attached: Yes() No()
1/4 of1/4 of Section_ <u>23</u> Township_ <u>4/5</u> N.	Range <u>09</u> W. Town of <u>Barnes</u> , <u>Wi</u>
Gov't Lot Lot Block Subdivision	CSM #
Volume Page of Deeds Parcel I.D. #	Acreage
Additional Legal Description:	ATTACH Copy of Tax Statement
s your RV in a Shoreland Zone? Yes No No If Yes, Distance	e from Shoreline: 75' or greater < 75' to 40' less than 40'
RV: New 🗵 Replacement 🖵 <u>Year</u> : _	1990 Vin#: 15C3V3522495/5389
Make of RV: Prowler Model	of RV: Travel TRL
FAILURE TO OBTAIN A PERMIT <u>or</u> PLACING RV ON PROPE	RTY WITHOUT A PERMIT WILL RESULT IN PENALTIES
APPLICANT - PLEASE COM	PLETE REVERSE SIDE
For Office U	se Only Zoning District/Lakes Class:
Permit Issued: Sanita	ry Number Date
ssuance Date 8-14-19 Permit Number 19-0	Permit Denied (Date)
Reason for Denial:	

frontage road as a guideline, and indicate North (N) on plot plan

W the RV (Recreation Vehicle) location

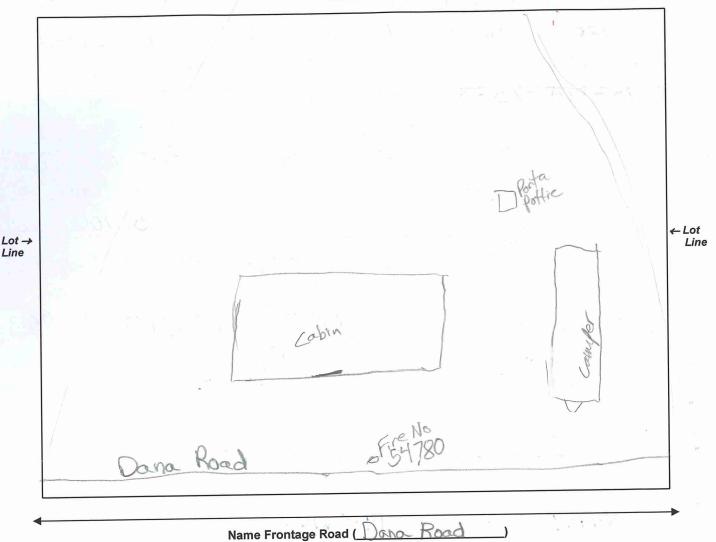
IMPORTANT
Detailed Plot Plan is Neccessary

snow dimensions in feet on the following:

- a. RV from centerline of road(s).
- b. RV from right-of-way line
- c. RV from property lines

- d. RV from lake, river, stream or pond
- e. RV from Privy

Lot Line



NOTICE: The local town, village, city, state or federal agencies may also require permits.

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent	Date
Address to send permit	, and the second se

vn, City, Village, State or Federal ermits May Also Be Required

LAND USE – X
SANITARY – Privy already on site
SIGN
SPECIAL
CONDITIONAL
BOA

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	19-0274	Issued To:	Wanda Lomb	ardo	& Ad	dam Mayte	
Part of Location		½ Section 2	3 Township	45	N.	Range 9 W. Town of Barnes	
Gov.t L	ot Lot	Block	Subo	divisio	n	CSM#	
	May not be used f	or permanent re	ld require addition	al perr	mitting.) .	
Oorialitie	Allowed for 4 mor	1011		IVIU	ist be	e removed by December 12, 2019	
NOTE:	Changes in plans or specificati	ons shall not be made	without obtaining			Tracy Pooler	
	approval.	one shall not be made	without obtaining			Authorized Issuing Official	
	This permit may be void or rev	oked if any of the appli	cation information	is found	d	0	
	to have been misrepresented,	erroneous, or incomple	ete.			August 14, 2019	
	This permit may be void or revo	oked if any performand conditions are violated	e conditions are no	ot		Date	

SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County Planning and Zoning Depart.

PO Box 58

Authorized Agent:

(If you are signing on be

Address to send permit N 9305 Weber Road, East Troy, WI 53120

Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT ENTERED BAYFIELD COUNTY, WISCONSIN Date Stamp (Received) AUG 03 2018

Bayfield Co. Zoning Dep

Permit #: Date: **Amount Paid:** Refund:

Attach

Copy of Tax Statement

Date

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department

DO NOT START CONS	TRUCTION	UNTIL	ALL PERMITS H	IAVE BEEN ISSUI	ED TO APP	PLICANT.	TII	T	FILL OU	TIN INK (N	NO PENCIL)		
TYPE OF PERMIT R	REQUEST	ED→	☐ LANE	USE S	ANITAR	NAME OF TAXABLE PARTY O	CONDITI	Manager Street, Street		USE 🗆	B.O.A.	OTHER	
Owner's Name:	andiv	a Ca	hin LL	٠ .		ing Address:			tate/Zip:		Telepl		
Ted a	end A	nn f	bin, LL	-	NS	3305 Weber	- Rol	Eas	ST Troy, WZ	53120	0 262	-642-	2026
Address of Property:						State/Zip:					Cell Pl		
50345	Per	insu	la Rood	d	B	barnes, W	T 531	20			414-	-588-8	680
Contractor:					Cont	ractor Phone:	Plumber:		-		Plumb	er Phone:	
Authorized Agent: (F	D Ci	: A!:		f - f O ())		at Dhamas	A NA - 111	4.1.1	/: 1 1 0: /s: ·	/)			
Authorized Agent. (F	rerson sign	ing Appin	ation on benai	r or Owner(s))	Ager	nt Phone:	Agent Maiii	ng Addi	ress (include City/State	e/Zip):	Attacl	en Authori hed	zation
					Tax I	D#				I		s No	
PROJECT LOCATION	Legal I	Descrip	tion: (Use Ta	ax Statement)	laxi	1799				Recorded	Document: (Showing O	wnership)
		-	Gov't Lot	Lot(s)	CSM		SM Doc#	Lot(s)	No. Block(s) No.	Subdivision		-	
1/4,	1	/4	2	201(3)	CSIVI	1148 466	JIVI DOC #	LOU(3)	No. Block(s) No.	Subulvisio	JII.		
4.5		20				Town of:				Lot Size	Acr	reage	
Section 10	, Towr	ship _	77_ N, R	ange <u>09</u>	W	Barne	S				Acres	cuge	
	I		/										
				n 300 feet of R of Floodplain?		eam (incl. Intermittent)		Struct	ure is from Shorelin	foot I	s Property in		Wetlands
↑ Shoreland → → → → → → → → → → → → → → → → → → →				· · · · · · · · · · · · · · · · · · ·		nd or Flowage		Struct	cure is from Shorelin	FIO	odplain Zone		esent? Yes
	201	Горску	, Laria Witiiii	1 1000 1001 01		escontinue —	1	100		feet	✓ No		×No
☐ Non-Shoreland													
-													-
Value at Time							# of			.			Type of
of Completion		Proje	ct	# of Sto	ries	Foundation	bedroo	ms		nat Type o Sanitary Sy			Water
donated time &						Toundation	in			the proper			on
material					<u> </u>		structu	ire				Sept.	property
			ruction	X 1-Story		™ Basement		_	☐ Municipal/City				☐ City
\$	☐ Con		lteration	☐ 1-Story	+ Loft	☐ Foundation	□ 2		(New) Sanitary				XWell
	Day to 1 VV		xisting bldg)	2-Story			<u>×</u> 4		Sanitary (Exists				
-						Use		None □ Privy (Pit) or □ Vaulted (min 200 gallon) □ None □ Portable (w/service contract)					
	Prop	erty				☐ Year Round			☐ Compost Toilet		,		
			erm Rental			☐ Year Round		_	☐ Compost Toilet☐ None				
Existing Structure	18 sho	IT T		r is relevant to	(it)				□ None				
Existing Structure Proposed Constru	18 <u>sho</u> e: (if per	IT T		r is relevant to	it)						Height:		
	18 <u>sho</u> e: (if per	IT T		r is relevant to	it)	Length:			□ None Width:				
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of the owner(s) a letter of authorization must accompany this application)

2) Show / Indicate: North (N)

(3) Show Location of (*):

(4) Show: (5) Show:

(6) Show any (*):(7) Show any (*):

Proposed Construction North (N) on Plot Plan

(*) Driveway and (*) Frontage Road (Name Frontage Road)

All Existing Structures on your Property

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%

Peninsva Roll

452.2'

15'

Davieway

O Horz

Figore

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measureme	ent	Description	Measurement
Setback from the Centerline of Platted Road		Feet	Setback from the Lake (ordinary high-water mark)	~ tad Foot
Setback from the Established Right-of-Way		Feet	Setback from the River, Stream, Creek	≈ 100 Feet
Setback from the North Lot Line		_	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	± 120	Feet	Setback from Wetland	5
Setback from the West Lot Line	= 200	Feet	20% Slope Area on the property	Fee
Setback from the East Lot Line	= 120	Feet	Elevation of Floodplain	☐ Yes ☐ No
Catharda Carlo				Feet
Setback to Septic Tank or Holding Tank		Feet	Setback to Well	≃ 100 Feet
Setback to Drain Field	≈ 50	Feet		_ /00 Feet
Setback to Privy (Portable, Composting)		Feet	a boundary line from which the cathod was to	-

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number: 19	-365	# of bedrooms: 4	Sanitary Date: [//9 //6
Permit Denied (Date):	Reason for Denial:			9/14/17
Permit #: 19-0277	Permit Date: 8-//	0-19		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Record Yes) Yes (Fused/Contigue) Yes Ye	ous Lot(s)) No	Mitigation Required Mitigation Attached	☐ Yes ☐ No ☐ Yes ☐ No	Affidavit Required Affidavit Attached Yes No
Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:		Previously Granted by	y Variance (B.O.A.)	e #:
Was Parcel Legally Created Was Proposed Building Site Delineated ✓ Yes □ No		Were Property Line	es Represented by Owner Was Property Surveyed	
Inspection Record:				
		1		Zoning District (R-/) Lakes Classification (
Date of Inspection: 7/11/2018	Inspected by:	//		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attac	hed? ☐ Yes ☐ No – (If I	No they need to be atta	ched.)	
	dwelling. Must co Dept for licensing	tic system design intact Bayfield County as required by State	/ Health	r sleeping areas
Signature of Inspector: Mceler	and contact fown	regarding room tax.		Date of Approval: 8/12 1/9
Hold For Sanitary: Hold For TBA:	Hold For Affid	avit: 🗌 H	Hold For Fees:	_ 0

own, City, Village, State or Federal Permits May Also Be Required

LAND USE - X
SANITARY - 19-36S
SIGN SPECIAL - Class A
CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	19-	0277	!		Issued	d To: Lo	on La	ınding Cab	nding Cabin LLC / Ted & ann Zess, Agents								
Location:	-	1/4	of	-	1/4	Section	10	Township	44	N.	Range	9	W.	Town of	Barnes		
Par G & H	l in								1								
Gov't Lot	2		L	_ot		Blo	ck	Sul	odivisio	n				CSM#			
For: Reside	or: Residential Other: [1- Story; 1 – Unit; Short-term Rental]																

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Maximum occupancy limited to 4 bedrooms or sleeping areas based upon septic system design for the dwelling. Must contact Bayfield County Health Department for licensing as required by State Statute and contact Town regarding room tax.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

August 16, 2019

Date